RISE OF THE HAZARDOUS DISEASES IN BIHAR

284, DR. BAPU KALDATE :

SHRIMATI KAMLA. SINHA :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that Bihar coun's for the highest number of T.B., leprosy, Kaia-azar crises in the country and that AIDS cases in the State are on the rise alarmingly;

(b) if so, whether the State Government of Bihar has submitted any report to the Centre or any assessment has been made by the Central Government in this regard;

(c) if so, what are the details thereof; and

(d) what is the nature and quantum of central assistance given so far and proposed to be given to the Bihar Government *to* meet the situation?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAM'LY WELFARE (SHRI PABAN SINGH GHATOWAR) : (a) to (c) Bihar does have the largest number of Kala-azar and Leprosy cases in the country. But the reports received from the State Government do not indicate that it has the highest number of TB cases or that there is an alarming rise in the AIDS cases in the State.

(d) The diseases?wise budget allocation made for the State of Bihar during 1992-93 and 1993-94 (proposed) is given below:

(Rs in lakhs)

Sl. No.	Name of Disease	B.E. 92-93	B.E. 93-94
1.	Kala-azar	1926.28	2000.00
2.	T.B	143.00	190.00
3.	Leprosy	200.00	200.00
4.	AIDS	42.75	39.78

THE RAO TULARAM HOSPITAL REMAINING INOPERATIONAL

285. DR. BAPU KALDATE :

SHRIMATI KAMLA SINHA :

Will the Minister of HEALTH AND[1] FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Rao Tula Ram Hospital is suffering from various problems and has been inoperative for the last three years;

(b) if so, what are the details thereof stating the reasons for delay in making the hospital fully operational; and

(c) what are the measures taken/proposed to be taken by Government in this direction ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) to (c) OPD services were started in August, 1989. Indoor services, however, could not be started because of water and electricity shortage. A sum of Rs. 80.00 lakhs has been paid to M.C. D. for providing dedicated water-line to the hospital. DESU is aiso expected to complete shortly all formalities for providing regular electric connection to the hospital. Certain posts are also to be filled up.

NUMBER OF AMBULANCES IN DELHI

286. SHRI H. HANUMANTHAPPA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what is the number of Ambulance vehicles serving in the capital;

(b) whether the number is adequate; and

(c) if not, what steps Government proposes to take in this regard?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR) : (a) to (c) Government hospitals in Delhi have 102 ambulances in working condition. In addition, voluntary organisations, private hospitals and nursing homes are also running ambulances. The Delhi Administration bad also introduced 19 specialised ambulances to attend to accident and trauma victims and to take them to the hospitals. These ambulances are being augmented in a phased manner and at present they are operating from 5 stations in Delhi.

Admission in the Private Medical and Dental Colleges

287. DR. YELAMANCHILI S1VAJI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) what is the procedure for admission in the private medical and dental colleges in view of the recent amendments in the provisions of Indian Medical Council Act and Dental Council Act; and

(b) what steps are taken to enforce the guidelines in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b) Indian Medical Council (Amendment) Act 1993 and Dentists (Amendment) Act, 1993 do not contain any provision to regulate the procedure for admissions in private medical/dental colleges.

उत्तर प्रदेश में प्राथमिक स्वास्थ्य केन्द्रों पर दवाइयों की अनुपलब्धता

288. श्री राम नरेश यादव : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि उत्तर प्रदेश में प्राथमिक स्वास्थ्य केन्द्रों पर छोटी-छोटी बीमारियों की दवा भी उपलब्ध न होने के कारण मरीजों को भारी परेशानी का सामना करना पड़ रहा है;

(ख) यदि हां, तो इस स्थिति में सुधार करने हेतु इन स्वास्थ्य केन्द्रों को क्या निर्देश दिये जाने की संभावना है; और

(ग) क्या दवाइयों के वितरण हेतु समाज-सेवी व्यक्तियों की सहायता लिये जाने की संभावना है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में उप-मंत्री (श्री पबन सिंह घटोवर) : (क) उत्तर प्रदेश सरकार ने सूचना दी है कि प्राथमिक स्वास्थ्य केन्द्रों द्वारा दी गई सूचना के अनुसार दवाइयों की कोई कमी नहीं है ।

(ख) यह प्रश्न नहीं उठता ।

(ग) जी नहीं ।

Establishing National Instt. of Injury Research

289. SHRI S. S. AHLUWALIA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that a day long symposium held on the 7th April, 1993 in the national capita! recommended to the Government to set up a National Injury Control Programme and establish National Institute of Injury Research in the Capital alongwith other recommendations;

(b) if so, the details thereof; and

(b) what action Government propose to take on the recommendations of the symposium in order to save severely injured patients in the country ?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR) : (a) and (b) Yes, Sir. According to the information provided by the All India Institute of Medical Sciences, on the occassion of WHO Day, i.e. 7th April, 1993 a day Ion gsymposium was organised to discuss the problem of trauma, its prevention and management.